

# WALLINGFORD- SWARTHMORE SCHOOL DISTRICT

ADMINISTRATIVE GUIDELINE

APPROVED: DECEMBER 5, 2016

REVISED:

## 103-AG-1. REPORT FORM FOR COMPLAINTS OF DISCRIMINATION IN SCHOOL AND CLASSROOM PRACTICES

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

School Building: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination was based on: \_\_\_\_\_

Name of person(s) you believe violated the District's nondiscrimination policy:  
\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including any verbal statements (i.e., threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date